

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		25	05-17-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	fk		10/5/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	23 19	
2	✓	03 04	
3	✓		
4	✓		
5	✓		
6	✓		
7	✓	N	
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	✓		
14	✓	N	
15	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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